

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten initials]</i>		11-21-01
O.I.P.E. CLASSIFIER		49	12/1/01
FORMALITY REVIEW	<i>[Handwritten initials]</i>	1120	12-4-01
RESPONSE FORMALITY REVIEW	<i>[Handwritten initials]</i>	1019	05-15-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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Claim	Date
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If more than 150 claims or 10 actions  
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